

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number: 09/335,742		Confirmation Number: 6824
	Filing Date: June 18, 1999		
	First Named Inventor: Marie-Pascale AUDOUSSET		
	Group Art Unit: 1751		
	Examiner: Margaret V. Einsmann		
	Attorney Docket Number: 08725.0429-00000		
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Attorney Customer Number: 22,852	
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.			
1. Submission required under 37 C.F.R. § 1.114: <u>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.</u> If applicant does not wish to have any previously filed unentered amendment(s) entered, application must request non-entry of such amendment.			
a. <input type="checkbox"/> Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.			
i. <input type="checkbox"/> Consider the arguments in the Appeal Brief of Reply Brief previously filed on [Date] _____			
ii. <input type="checkbox"/> Other _____			
b. <input checked="" type="checkbox"/> Enclosed:			
i. <input checked="" type="checkbox"/> Amendment/Reply		iii. <input type="checkbox"/> Information Disclosure Statement	
ii. <input type="checkbox"/> Affidavit(s)/Declaration(s)		iv. <input type="checkbox"/> Other _____	
2. Miscellaneous			
a. <input type="checkbox"/> Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)			
b. <input type="checkbox"/> Other _____			
3. Fees			
a. <input checked="" type="checkbox"/> The filing fee is calculated as follows:			
i. <input checked="" type="checkbox"/> \$770.00 RCE fee required under 37 C.F.R. § 1.17(e)			
ii. <input checked="" type="checkbox"/> Petition for extension of time for (1 Months) \$110.00			
iii. <input type="checkbox"/> Other _____			
b. <input type="checkbox"/> Check in the amount of \$[Text] enclosed.			
c. <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.			
Signature of Applicant, Attorney, or Agent Required			
Name: Maria T. Bautista		Reg. No.: 62,516	
Signature: <i>Maria Bautista</i>		Date: August 6, 2004	
Certificate of Mailing or Transmittal			
I hereby certify that this correspondence is being deposited with the United States Postal Service via facsimile transmitted to the U.S. Patent and Trademark Office on: August 6, 2004			
Name: Jennifer Leveille			
Signature: <i>Jennifer Leveille</i>		Date: August 6, 2004	

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/335742

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	34 minus 20 = *	34
INDEPENDENT CLAIMS	7 minus 3 = *	4
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT A	E		
Total	* 24 Minus	** 36	= 0
Independent	* 7 Minus	*** 7	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT B			
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
AMENDMENT C			
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE
	380.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	760.00
X\$18=	648
X78=	312
+260=	
TOTAL	1220

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	0

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	